



Monthly Benefit Premiums & Contribution Rates

July 1, 2008 to June 30, 2009	Monthly Premium	Full Time Employee (City Contribution)	Part Time & Job Share Employee (City Contribution)
City of Scottsdale EPO Plan - Aetna Open Access Elect Choice			
Enrollee Only	\$348.00	\$12.00 (\$336.00)	\$96.00 (\$252.00)
Enrollee & Child(ren)	\$632.00	\$59.00 (\$573.00)	\$202.00 (\$430.00)
Enrollee & Spouse/Partner	\$755.00	\$77.00 (\$678.00)	\$246.00 (\$509.00)
Enrollee & Family	\$1080.00	\$118.00 (\$962.00)	\$358.00 (\$722.00)
City of Scottsdale PPO Plan - MMSI (Mayo) Health Tradition			
Enrollee Only	\$413.00	\$77.00 (\$336.00)	\$161.00 (\$252.00)
Enrollee & Child(ren)	\$768.00	\$195.00 (\$573.00)	\$338.00 (\$430.00)
Enrollee & Spouse/Partner	\$908.00	\$230.00 (\$678.00)	\$399.00 (\$509.00)
Enrollee & Family	\$1322.00	\$360.00 (\$962.00)	\$600.00 (\$722.00)
City of Scottsdale PPO Plan - Aetna Open Choice			
Enrollee Only	\$285.00	\$0.00 (\$285.00)	\$71.00 (\$214.00)
Enrollee & Child(ren)	\$485.00	\$0.00 (\$485.00)	\$121.00 (\$364.00)
Enrollee & Spouse/Partner	\$575.00	\$0.00 (\$575.00)	\$144.00 (\$431.00)
Enrollee & Family	\$815.00	\$0.00 (\$815.00)	\$204.00 (\$611.00)
HMO Dental			
Enrollee Only	\$10.90	\$0.00 (\$10.90)	\$2.52 (\$8.38)
Enrollee & Child(ren)	\$24.42	\$12.52 (\$11.90)	\$15.04 (\$9.38)
Enrollee & Spouse/Partner	\$17.90	\$6.48 (\$11.42)	\$9.00 (\$8.90)
Enrollee & Family	\$28.68	\$16.46 (\$12.22)	\$18.98 (\$9.70)
PPO Dental			
Enrollee Only	\$40.00	\$5.00 (\$35.00)	\$13.74 (\$26.26)
Enrollee & Child(ren)	\$72.00	\$33.00 (\$39.00)	\$42.74 (\$29.26)
Enrollee & Spouse/Partner	\$88.00	\$47.00 (\$41.00)	\$57.24 (\$30.76)
Enrollee & Family	\$119.00	\$75.00 (\$44.00)	\$86.00 (\$33.00)